

# U.S. Department of Justice REIMBURSEMENT FORM

**PLEASE RETURN THIS FORM WITHIN 2 WEEKS OF THE INTERVIEW**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address (street, city, state, zip code): \_\_\_\_\_

Telephone & Fax: (include area codes) \_\_\_\_\_

## **EXPENDITURES**

**Do not include any food purchases; you will get partial M&IE if your travel exceeded 12 hours. See the Travel Memo at [www.usdoj.gov/oarm](http://www.usdoj.gov/oarm) under the "Honors Program/Interview" link for details. Please attach receipts for expenses over \$75.00.**

Date	Taxi Cabs (Only if pre-authorized or specifically approved due to late flight, etc)	Parking/Fare/Toll (Include metrorail, train, etc. Do not include prepaid air fare.)	Other (Please specify, e.g., lodging if overnight stay was authorized. If lodging taxes apply, list separately.	Mileage (If travel by private auto was authorized)		Total
				Mileage Rate	48.5cents per mile	
				# of Miles		
				Mileage Rate	48.5 cents per mile	
				# of Miles		
				Mileage Rate	48.5 cents per mile	
				# of Miles		
<b>GRAND TOTAL</b>						\$

I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax back to the attention of your scheduler at 202-307-0862**